PTO/SB/22 (08-03)
Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

ETITIC	N FOR EXTENSIO	N OF TIME UNDER	R 37 CFR 1.136(a	1)	ket Number (53251	2001000		
		In re Applica	tion of Gregory	M. LANZA	et al.			
		Application N	Number	Filed	·			
			10/765,299		January 26, 2004			
		For CHE	For CHELATING AGENTS WITH LIPOPHILIC CARRIERS					
		Art Unit	1614	Examir	ier No	t Yet Assigne		
This is a identified	request under the pro application.	ovisions of 37 CFR 1.1	36(a) to extend the	period for	filing a reply i	in the above		
The requ	ested extension and a	appropriate non-small-	entity fee are as fo	llows (chec	k time period	desired):		
	One month (37 CF	FR 1.17(a)(1))			\$			
	X Two months (37 C	CFR 1.17(a)(2))			\$	420.00		
	Three months (37	CFR 1.17(a)(3))			\$			
	Four months (37 C	CFR 1.17(a)(4))			\$			
	Five months (37 C	CFR 1.17(a)(5))			\$			
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Under the P	Paperwork Reduction Act of 19	95, no persons are	require	to res	oond to	a collec	tion of inform	nation unless	it displays a valid ON	IB control n
FFF	TRANSM	TTAI							_	
FEE TRANSMITTAL					Application Number			10/765,299		
FALLEMAN for FY 2004					Filing Date			January 26, 2004		
Effective 10/01/2003, Patent fees are subject to annual revision.				First Named Inventor			-	Gregory M. LANZA		
Ellective 1001/2003, Fatelli lees ale subject to allineal revision.					Examiner Name			Not Yet Assigned		
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit				1614		
TOTAL AMOUNT OF PAYMENT (\$) 275.00				Attorney Docket No.).	532512001000		
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)						
Check	Credit Money Card Order	Other None	3. A	DDITIO	DNAL	FEES		•		_
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Name	norized to: (check all that apply)		1052	50	2052	25		- late provisio	onal filing fee or cover	
_			1050	420	1050	400	sheet.			<u> </u>
X Charge fee(s) in	ndicated below X Credit a	iny overpayments	1053	130	1053	130	Non-English	h specificatio	п .	ļ
X Charge any add	litional fee(s) or any underpaymen	t of fee(s)	1812	2,520	1812	2,520	-	-	parte reexamination	
Charge fee(s) indicated below, except for the filing fee			1804	920*	1804	920*	Requesting Examiner a		of SIR prior to	
to the above-identified deposit account.				1,840*	1805	1,840*	Requesting	publication of	of SIR after	
FEE CALCULATION			1251	110	2251	55	Examiner a Extension for	ction or reply withii		
BASIC FILING		·	1252	420	2252	210			second month	210.00
arge Entity Smal	II Entity		1253	950	2253	475	Extension fo	or reply within	third month	
ee Fee Fee ode (\$) Code	Fee Description (\$)	Fee Paid	1254	1,480	2254	740	Extension fo	or reply within	n fourth month	
001 770 2001	***		1255	2,010	2255	1,005	Extension fo	or reply within	n fifth month	
002 340 2002	170 Design filing fee		1401	330	2401		Notice of Ap			
003 530 2003	265 Plant filing fee		1402	330	2402	165	Filing a brie	f in support c	f an appeal	
004 770 2004	385 Reissue filing fee		1403	290	2403	145	Request for	oral hearing		
005 160 2005	80 Provisional filing for	ee	1451	1,510	1451	1,510	Petition to in	nstitute a pub	lic use proceeding	
	SUBTOTAL (1) (\$)	0.00	1452	110	2452	55		evive - unav		
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ree Fee Fee ode (\$) Code	(\$) Fee Descri	ption	8021	40	8021	40			ssignment per of properties)	
202 18 2202	9 Claims in excess of 20		1809	770	2809	385	Filing a sub	mission after	final rejection	
201 86 2201	43 Independent claims in		1940	770	2040	205	(37 CFR 1.1 For each ad	129(a)) Iditional inve	ntion to be	
203 290 2203	145 Multiple dependent clai	•	1810	770	2810	385	examined (3	37CFR 1.129	(b))	
204 86 2204	43 ** Reissue independen over original patent	t claims	1801	770	2801	385	-	· Continued E · expedited e:	xamination (RCE)	<u> </u>
205 18 2205	9 ** Reissue claims in ex		1802	900	1802	900	of a design		NamurauVII	
ĺ	and over original pat	ent	Other	fee (spe	cify)					
_	SUBTOTAL (2) (\$)	0.00	*Redu	iced by E	Basic Fi	iling Fee	Paid	SUBTO	TAL (3) (\$)	275.00
*or number previou	usly paid, if greater, For Reissue	es, see above	<u> </u>							
JBMITTED BY								(Complete	(if applicable))	
Name (Print/Type) Kate H. Murashige				ration No ey/Agent)		,959		Telephone	(858) 720-5112	<u> </u>
Signature K. H. M. Manual								Date	August 6, 2004	